VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o Medicare enrollees comprise 13.9 percent of the United States' resident population. State enrollees range from a low of 7.0 percent of Alaska's resident population to a high of 18.8 percent of West Virginia's resident population.
- o Medicaid enrollees (as measured by eligibles or ever enrolled) comprise 15.0 percent of the United States' resident population. State enrollees range from a low of 7.5 percent of Idaho's resident population to a high of 28.0 percent of Tennessee's resident population.
- o Long-stay hospital beds per 1,000 HI enrollees range from a low of 0.9 in Oregon to a high of 15.9 in the District of Columbia. This contrasts with the national average of 3.1.
- o The percentage of Medicare Part B participating physicians and other practitioners range from a high of 97.2 percent in Michigan to a low of 75.6 percent in Rhode Island.
- o Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 797 in the District of Columbia to essentially all aged enrollees in Oregon. This contrasts with the national average of 916 persons served per 1,000 enrollees.
- o The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$5,239 in Louisiana to a low of \$1,647 in lowa. This contrasts with the national average reimbursement per patient of \$2,945.
- o The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$14,059 in New York to a low of \$4,330 in Iowa. This contrasts with the national average of \$7,243 per discharge.